PMI CLIENT SATISFACTION SURVEY

1. How did you learn about these services?
   - □ Friend/Relative
   - □ Pregnancy Care Provider
   - □ Media (television, radio, newspaper)
   - □ Adoption Agency
   - □ School
   - □ Hospital
   - □ Brochure from agency listed above
   - □ Church
   - □ Health Department
   - □ Other, specify: _____

2. Please check the services that you received as a result of your participation in the Resource Management Program
   - □ Prenatal Medical Care
   - □ Medical Care (non-pregnancy related)
     - □ Client □ Infant
   - □ Housing
   - □ Alternative Education
   - □ Paternal Involvement Support
   - □ Adoption Guidance
   - □ Drug/Alcohol Assessment/Treatment
   - □ Domestic Abuse Protection
   - □ Childcare
   - □ Parenting Education/Support
   - □ Transportation

3. How long did you wait for your first visit with the Resource Manager?
   - □ Less than 1 week
   - □ 1 week
   - □ 2 Weeks
   - □ 3 Weeks
   - □ 4 Weeks or more

4. Did you have problems getting to the services (e.g., transportation, times conflicted with work/school schedule, childcare)? □ Yes □ No
   Describe the problem: _____

5. Were the days and times for services good for you? □ Yes □ No
   What days would have been better for you? _____

6. On the average, how long did you have to wait before you were seen by the Case Manager or other staff at this agency?
   - □ less than 15 minutes
   - □ 15 – 30 minutes
   - □ more than 30 minutes
   - □ Not applicable

7. During your visits:
   - Did the Case Manager carefully listen to you? □ Yes □ No
   - Did service providers carefully listen to you? □ Yes □ No
   - Do you feel you participated in the goal planning? □ Yes □ No
   - Were things explained in a way you could understand? □ Yes □ No

   If you checked "No" to any of the above, please explain:
   _____

8. Do you feel you were fully informed of:
   - Available services to continue your pregnancy? □ Yes □ No
   - Location of services? □ Yes □ No
   - Requirement of services? □ Yes □ No
   - Length of services during pregnancy and after? □ Yes □ No

9. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?
   _____
   _____

10. Would you recommend these services to a friend or relative? □ Yes □ No

Do you have any additional comments?
_____
_____

Client ID:
Date: